DOCUMENT RESUME

ED 137 598 CE 010 677

TITLE	Understanding the Guidelines for the Rehabilitation Act of 1973 on Expanding and Improving Services to the Severely Handicapped. The Intake Process.
INSTITUTION	West Virginia Univ., Morgantown. Regional Rehabilitation Research and Training Center.
SPONS AGENCY	Rehabilitation Services Administration (DHEW), Washington, D.C.; West Virginia State Board of Vocational Education, Charleston. Div. of Vocational Rehabilitation.
PUB DATE	[75]
GRANT	45-P-81043-3-01
NOTE	28p.; For related documents see CE 010 676-678
EDRS PRICE	MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS	Client Caseworkers; Communication Skills; Counselor Role; Counselors; Federal Legislation; Guidelines; Information Needs; *Information Seeking; *Rehabilitation Counseling; *Severely Handicapped; *Skill Development; *Vocational Rehabilitation
IDENTIFIERS	Rehabilitation Act of 1973

ABSTRACT

This text is designed to examine the intake phase of rehabilitation as it relates to severely handicapped clients, and to offer some suggestions to the rehabilitation counselor for making the intake process more responsive to the needs of the severely handicapped. The text identifies two major components of the process: (1) the exchange of information between the client and the counselor, and (2) the recording of information by the counselor. It discusses ways that a counselor can be more responsive and organized to better serve the needs of the client. An appendix contains a bibliography on interviewing techniques, and suggested reading for rehabilitation counselors. (SH)

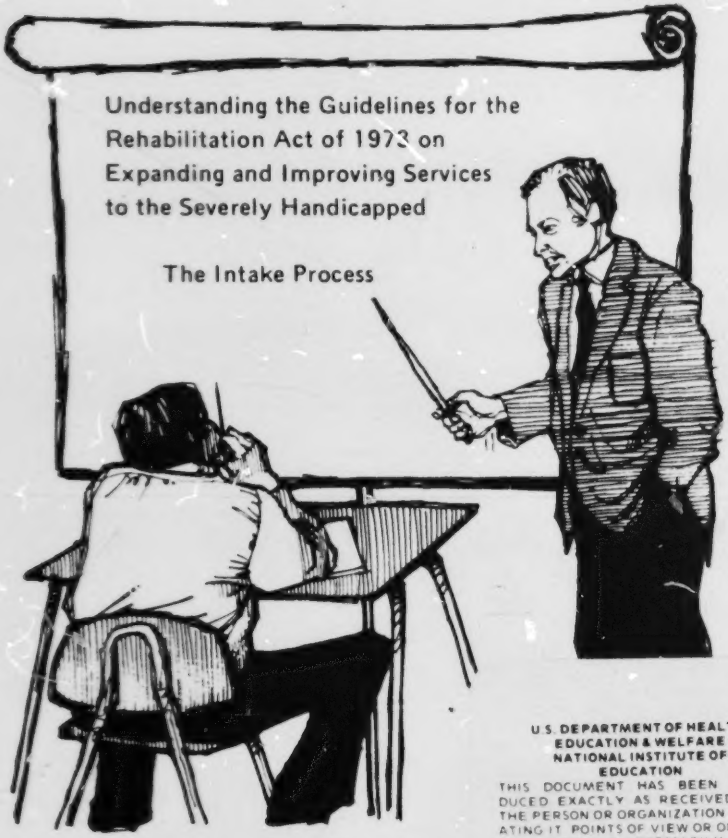
****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED137598

186-00

Understanding the Guidelines for the Rehabilitation Act of 1973 on Expanding and Improving Services to the Severely Handicapped

The Intake Process



U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

CE 010 677

RESEARCH AND TRAINING CENTER
WEST VIRGINIA REHABILITATION CENTER - INSTITUTE, WEST VIRGINIA 25112

Contributors

West Virginia Research and Training Center Project Staff

Alice H. Randolph
Kathryn B. Greever
Lawrence Markey
K. Paige Miller
Joseph LaRocca

These materials were supported in part by Grant 45/P-81043/3-01 from Social and Rehabilitation Services, Department of Health, Education, and Welfare to the West Virginia Division of Vocational Rehabilitation.

Acknowledgments

The project staff wishes to express our appreciation to the other staff of the Research and Training Center for their support, assistance, and consultation during the preparation of these materials.

We also want to acknowledge the assistance and the support of the staff of the Rehabilitation Services Administration for their assistance in the preparation of these materials.

Table of Contents

Acknowledgments iii

Section I - Introduction 1

Section II - Components of the Intake Process 3

Section III - The Exchange of Information 5

Section IV - Recording Information 15

Section V - Summary 21

Section VI - Appendix A 23

SECTION I

Introduction

The Rehabilitation Act of 1973 and the 1974 Amendments charge vocational rehabilitation to expand and improve services to the severely handicapped. To implement this mandate, each phase of the rehabilitation process should be evaluated to determine where it can be expanded or improved to more effectively serve severely handicapped clients. This text is designed to examine the intake phase of the rehabilitation process as it relates to severely handicapped clients, and to offer some suggestions to the rehabilitation counselor for making the intake process more responsive to the needs of severely handicapped clients.

SECTION II

Components of the Intake Process

In vocational rehabilitation agencies, the intake process has two major components: the exchange of information between the client and the counselor, and the recording of information by the counselor.

In the first component, the exchange of information, the client shares with the counselor his background, his perception of his disabilities, his limitations and abilities, his fears, and his goals. In return, the counselor gives the client information about the agency, its goals, and its requirements. The counselor also discusses with the client, his rights within the vocational rehabilitation system, as well as his responsibilities in his rehabilitation program.

The counselor must have certain skills and knowledge to be effective in this phase of the intake process. Since the exchange of information involves direct counselor-client interaction, the necessary skills include interviewing and counseling techniques and strategies. The counselor must also be knowledgeable about vocational rehabilitation, the joint planning and decision making used in formulating the individualized written rehabilitation program, and about the rights and responsibilities of clients.

The second component of the intake process is the recording of information by the counselor. This requires a knowledge of what information should be recorded, what information the agency's forms must contain, and an organizational scheme for recording the data in the case folder. A properly developed and recorded case narrative will enable the counselor to readily retrieve information necessary for planning, and to minimize initial recording time and clerical work.

The intake process for severely handicapped clients is the same as for the non-severely handicapped clients. But the rehabilitation counselor may find that considerably more information and more categories of information will be needed when assessing the rehabilitation potential and formulating an individualized written rehabilitation program for severely handicapped clients.

SECTION III

The Exchange of Information

As stated previously, the exchange of information in the intake process includes the information that the client shares with the counselor, and the information that the counselor or the agency provides to the client. This occurs in the initial interview or the first few contacts between the counselor and the client.

Goals

Generally, the initial contacts with the potential vocational rehabilitation client have four goals. These are:

1. to collect information about the client - a statement of problems, difficulties, disability, plans, etc.

2. to obtain from the client an application, signed releases to obtain information, and completion of other necessary agency forms.

3. to provide information about the agency, its goals, services, and policies.

4. to begin to establish a relationship between the counselor and the client that will set the stage for further interaction.

Skills

The initial contact with a client and the process of intake are most important as they provide the ground-work for all subsequent interaction. Rehabilitation counselors, psychiatrists, social workers, and others in the helping professions use the same basic skills and

techniques in conducting intake interviews and for eliciting client responses. These skills include listening, understanding, and responding to client communication, both verbal and non-verbal, and cognitive and affective.

Appendix A contains a list of texts and training materials for more indepth information and for skills building in the areas of interviewing and counseling.

Format

During the intake process, the counselor collects information, provides information, and attends to the formal application procedures. To accomplish all of these, the counselor will have to use his time as efficiently as possible. One way to accomplish this is to construct a format for intake interviews. This format can be organized into the categories of information that need to be discussed with clients.

The areas of information that are usually required to assess rehabilitation potential are:

1. Personal and family background.
2. Disability and the problems associated with it.
3. Financial history and current situation.
4. Past and current medical problems.
5. Vocational history and current interests.
6. Educational history and current interests.

7. How vocational rehabilitation might be useful for this client.

To make this general format functional, the counselor has to:

1. Place these topics in the order they will be discussed; and

2. Formulate questions that can be used to move the interview from one topic to another.

While the order and the questions are necessary, their use is determined by the situation, the counselor-client interaction, and the needs of the client. For example, if a client needs to talk about his disability first, the counselor should let this topic be the first one discussed. Flexibility allows the counselor to meet the special needs of an individual client as the counselor begins to create a comfortable working relationship.

The following is an example of an interview format that includes the topics of information and some ideas for questions and comments that might prove helpful. This format should enable the counselor to gather all the information necessary for his agency's forms, and at the same time, allow him to also provide information and build rapport with the client.

Introductions

About the agency
Who the counselor is
Who the client is

Client's Statement of the Problems

What is the disability
How it is handicapping

Medical Information

What has been done to diagnose, evaluate, and correct the condition
Who the doctors are

Information Provision (by the counselor)

What the agency generally can do
What might be needed in the way of further diagnosis or evaluation

Psychosocial Information

How the disability affects the personal life of this client
Who makes up the family and how they are coping

Vocational Information

What are the client's vocational goals
What are his past vocational experiences
What are his vocational interests and plans

Educational Information

What education or training has the client had to assist him in achieving his vocational goals

Financial Information

Interference with employability can create financial problems
Discuss these

Provisions of Information

What is necessary to make the client an official applicant
Discussion of the appointments and evaluations that will be necessary

A format such as this example can enable counselors to organize the conduct of intake interviews, and can insure that they will cover all the necessary information. The counselor has all the information necessary for completion of the survey interview form, but maintains the flexibility to explore any subject at greater length and in more depth than if the interview were to strictly follow the format of the survey form.

The successful use of this format depends on the following:

1. The familiarity of the counselor with the topics and with some possible, leading questions.

2. Practice - With each interview, it will be easier to remember the information areas, and the transition from topic to topic will be smoother and more spontaneous.

3. Recording of information and completion of the survey form immediately after the interview.

Recording During the Interview

Rehabilitation counselors are faced with a dilemma that is somewhat unique to their profession. They are responsible for collecting a substantial amount of very specific information from their clients. They are listening to clients to identify problems, patterns of living, and reactions and feelings in order to assess the clients' strengths and abilities, and their

counseling needs. In addition, the rehabilitation counselor is attempting to build rapport with these clients to provide the basis for future interaction.

The rehabilitation counselor is challenged to record the specific information that must be retained accurately, and at the same time, to conduct the interview with the least disruption to the flow of the interview and to the counselor-client interaction.

Here are several suggestions to assist the counselor with this challenge:

1. It is tempting to complete the entire survey form while the client is present. This can save time but can also leave the client feeling that filling out this form is more important than listening to him.

2. Know what information must be written.

3. Have a place to write it, or know where on the survey form it is to be recorded

4. Only write the information that must be written, such as dates, names, and addresses. Much of the information about the client can be remembered until the interview is completed.

Other Sources of Information

The client is usually the major source of information about himself. For those clients who are not of legal age or who have a court-appointed guardian, the parent or guardian may be the primary source of intake information. Even if this is the case, the client is

still the central figure in the rehabilitation process, and ultimately, it is he who must make the commitment to attain his vocational goal.

In addition to the client and parent or guardian, the counselor should talk with other members of the client's family, his doctors, his former employers, or any other significant people who might provide the counselor with information that could assist in the formulation of plans.

In the case of clients who sustained their disabilities in adulthood, the counselor might want to contact persons who knew the client prior to the onset of his disability. This could assist the counselor in determining what the client's strengths and attributes were before his disability, and some data for predicting what strengths and personality characteristics he will have for overcoming handicaps.

Rapport

It is difficult to be specific about how a rehabilitation counselor can establish rapport and develop an open and trusting relationship with the client. The effectiveness of specific statements or actions should be judged in relation to the specific situation and to the personalities and values of the counselor and the client. The following considerations and suggestions for developing a strategy for establishing rapport are presented:

1. One of the first experiences a client has with the rehabilitation counselor involves the introduction of the counselor to the client. It is risky to assume that the client knows who the counselor is and what he does. A courteous introduction begins the process of demonstrating to the client that what he knows and how he feels is important.

2. Another introduction that is important and can enhance rapport is the introduction of the agency. It is relatively easy for the counselor to forget that the client may never have heard of vocational rehabilitation, and that information that is quite clear to the counselor may be complicated or confusing to the client. The information that the client receives in this introduction should be tailored to his needs at that time. But no matter how brief, something should be said about the agency.

3. The forms that must be completed about the client are very important, but the process of completion can destroy a counselor-client relationship if it dominates the interview. The information necessary to open a case must be gathered and some of it must be written down immediately to insure accuracy. But, this kind of specific information does not have to be the first concern during an interview. For instance, the first information usually obtained about a client is his name. The second question need not be his social security number, even though it is the next item on the form. It is more helpful to blend conversation and discussion of his problems, his strengths, and his goals with the more specific information that needs to be written during the interview.

4. It is helpful to limit the amount of writing that must be done during the interview to those facts that must be recorded to be remembered. For instance, it is probably necessary to write the name and address of previous employers, but if the client has never worked, this can be remembered and written after the client has left. A counselor might want to make a mental inventory of what items of information he has to write during intake interviews. It is a good rule of thumb to be as free from the forms and flexible as possible.

5. Too much attention to forms during the interview also can lead the counselor to jump from topic to topic or question to question in an effort to get the form completed. One approach is to encourage

the client to talk about one general topic. For instance, if the client is asked about his most recent job and he begins to talk about the job and then about his feelings toward bossy supervisors (as the last one was) listening to his feelings and encouraging him to discuss this, builds rapport and provides valuable information. If the counselor cuts off the client to finish the section of the form on work history, the client's feelings toward supervisors might never have been discussed, and these are as important to his successful rehabilitation as his work history.

6. Listening to and trying to understand what the client is saying are important ways of establishing rapport. They are also difficult to do consistently. Clients in similar situations tend to have similar problems, and sometimes rehabilitation counselors get bored or preoccupied. A counselor-client relationship can be damaged if the counselor is not free to listen.

7. Another issue that can affect the counselor-client relationship is the presence of the client's family, guardian, or another person during the interview, or a portion of the interview. Whether they should be present, is an issue that depends on the specific situation. The client always has the right to have a parent, guardian, or other representative present during an interview. If the client is of legal age and has not been declared incompetent, then the counselor and client can discuss whether other persons should be present during the interview or portions of the interview.

8. One of the functions of the rehabilitation counselor is to assist the client in accurately assessing what his capabilities and limitations are. Sometimes the client's perceptions are not accurate. The counselor best establishes rapport through support for the client, but he must react honestly to what the client says. This does not mean that the counselor has to challenge the client or to convince the

client that he is wrong, but the counselor has a responsibility to let the client know there are other ways of viewing the facts, or of interpreting the situation.

9. Another effective technique for building rapport is to begin an interview with a topic that is neutral and comfortable, such as the weather. Spend a limited amount of time on this and quickly proceed to the purpose of the interview. Extending this period of "small talk" too long can confuse or disappoint the client, if it leads to an expectation that the counselor will always have time for extended conversation.

Summary

A format for an intake interview with a severely handicapped client of a vocational rehabilitation agency should be organized by information or topic areas. The interview should provide all the answers to questions on the intake interview form, but it should not be controlled by the need to answer these questions or the order in which they occur on the form. The topics should be covered one at a time, with adequate time and encouragement for the client to discuss the factual aspects as well as his views and his feelings. The counselor should be attentive to the client and interested in what he is saying and he should be ready to answer questions about vocational rehabilitation and the agency.

After sufficient information has been exchanged, the counselor can introduce the application and other forms that require the client's signature.

This format should enable the counselor to meet the goals for effective and efficient intake interviews.

SECTION IV

Recording of Information

Developing Case Narrative

The information that is acquired from the client in the intake process will be stored and used in conjunction with the results of the preliminary diagnostic evaluation to assess the rehabilitation potential of the client. This information also will be the foundation for the formulation of the individualized written rehabilitation program and the entire plan of action for the rehabilitation of this client. The way the information is recorded and stored affects its availability to the counselor for planning and justification of services.

A standard format for recording the information that is acquired during the intake process can simplify the work of the counselor. The format could follow the information areas of the interview format and the survey form so that the counselor can reduce the duplication of documentation, and can structure his documentation to parallel the interview.

The following pages contain some examples of how a case narrative can be organized to record the information obtained during the intake process.

The Referral Entry

The initial entry usually recorded by the rehabilitation counselor concerns the referral of the client to the agency and the placement of the case in Status 00.

The information in this entry should specify:

1. Who made the referral

2. Why the referral was made

3. How the referral was received. (Did the counselor talk with the referral source, receive a letter, etc.)

4. How and when an appointment was scheduled with the client

5. Counselor impressions about the case, if appropriate

Here is an example of this type of entry:

A referral of Mrs. A was received from the Department of Welfare. This case was entered on the Master Client Data List in Status 00. I called Joyce Jones, the referring social worker. This client has four children and is a recipient of Aid to Families With Dependent Children, receiving $156 per month. Her certificate number is C-0091876-24.

She has been on Welfare for four months, since a car accident resulted in an injury to her spine. Mrs. Jones has talked to the client about VR services and she is interested in talking to us.

She has been sent a letter arranging an appointment in her home for 9/19 at 10 am.

This entry gives the counselor a review of all the pertinent information he needs for the initial contact with the client.

Initial Interview Entries

The next important entry to the case narrative will probably contain the information obtained from initial contacts with the client. For most clients, this entry coincides with their entry into Status 02. This is also the time when the counselor begins to accumulate a great deal of information about the client.

The information acquired from the initial counselor and client contacts relates to the client's personal life, his financial situation, his education, work history or vocational background, his disability and medical history, and his plans, goals, or hopes.

In addition, the counselor obtains information about the client from observing him, focusing on his non-verbal communication, and understanding the values and pressures that may influence what the client says. This information can be summarized as the counselor's perceptions, hypotheses, and impressions. As the counselor gathers data on the client, he begins to make tentative plans about services, and the client's needs for further evaluations.

The counselor should record client information in a format that is relatively standard for each client, and that parallels the format used for intake interviews.

The following are suggested categories for recording information in the case narrative section of the case folder:

Initial Impressions

The counselor's views about whether the client was at ease, able to communicate effectively, dressed appropriately, on time, or any other impressions or characteristics that could affect the counselor's plans or assessment of client needs.

It is important to record initial impressions now, because as the client becomes more familiar to the counselor, the initial impressions can be forgotten. These initial impressions, whether negative or positive, may be the same impressions that an employer might receive during an initial job interview. By recording them, the counselor can plan to capitalize on client assets and work around or encourage the client to change deficits.

Personal History

Record social and psychological information that does not occur on the survey form concerning client's personal background, the family situation, personal and familial responsibilities, and any other facts that should be considered in the rehabilitation of the client.

Financial Information

The client's income, his earning power before the disability, or other information about finances. This section can also be used to record a summary of the information that is on the determination of economic need form.

Medical Information

The Disability Record information about the disability and the client's medical history as he perceives it. The counselor may want to record what the disability is and how the client describes and discusses it.

Vocational History

Record the client's work history. It is helpful to ask the client not only what jobs he has had, but to describe the kinds of activities and responsibilities he has had. This is particularly important with severely handicapped clients as it is more unlikely that they will be able to assume any job in competitive employment without some modification. By having a detailed account of the tasks previously performed, it will make it easier to assess job modification needs and employment potential.

Education and Training

Record the entire education and training history of this client, especially the information not recorded on the survey or intake interview forms.

The Client's Views

How the client feels about his involvement with rehabilitation, his goals for his personal life, work aspirations, his desires for training, and any other topics that he feels strongly about. This section will be useful to the counselor in keeping the individuality of this client in his mind as he begins to formulate plans and goals to be discussed with the client.

Some rehabilitation counselors prefer not to enter the client's views in a separate section of the case narrative. They suggest that at the end of each of the other sections, a separate paragraph be included that expresses the client's views on each topic.

Actions

This section can be used to record the actions that the counselor has taken. Appointments that have been made, or evaluations that have been scheduled can be recorded in this section. This is a category for recording actions that are to be taken or agreements that have been made with the client. It is useful to note when the next contact with the client will be. If an exact date is not known, it can be stated generally as, "The client will be contacted when the results of the orthopedic evaluation have been received."

SECTION V

Summary

As greater numbers of severely handicapped clients are referred to vocational rehabilitation agencies, counselors can anticipate that the intake process will need to be altered or expanded.

Clients with severe disabilities will present problems that are more complex. Their physical and psychological limitations wil' be more pronounced and more handicapping. Their abilities will be more difficult to define in patterns that will outline the clients' employability. The severity of the disabilities will make the information gathering process more crucial and probably more complicated. The counselor will have to probe more thoroughly and explore more deeply for information necessary to assist a client in defining a vocational goal, and in making action oriented, realistic intermediate objectives.

Eliciting and detailing information to the extent necessary will require a substantial amount of counselor time. The intake process will become longer as the special needs of each severely handicapped client are defined and discussed The intake interview probably will not be limited to a single interview, but may require several contacts with the client. Also, if the client is newly disabled, or if he has a condition that limits his strength or energy output, it may be necessary for the counselor to shorten the length of interview sessions. The counselor may find it economical to attempt to cover only one informational topic at each session. For instance, one interview might be to discuss work history and vocational goals and aspirations.

This guide has suggested to counselors a format for gathering and recording intake information on clients of vocational rehabilitation. The amount of information that will be needed for use in

planning evaluations and services for severely handicapped clients will be extensive. If the counselor knows where in the case folder he might find the information that he needs, he will be able to work more quickly with the justification and documentation aspects of rehabilitation and more efficiently utilize his time for client contacts and other aspects of expanding and improving services to the severely handicapped.

SECTION VI

Appendix A

Banaka, William H. *Training in Depth Interviewing*. New York: Harper and Row, 1971

Bingham, W., Moore, V. and Gustard, J. *How to Interview*. New York: Harper and Row, 1959

Erickson, E.E. *The Counseling Interview*. Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1950

Fear, R. A. *The Evaluation Interview*. New York: McGraw-Hill, 1958

Fenlason, A. F., Ferguson, G. B., and Abrahamson, A. C. *Essentials in Interviewing: For the Interviewer Offering Professional Services*. Rev. ed., New York: Harper and Row, 1962

Garrett, Annette *Interviewing, Its Principles and Methods*. Second Ed., Family Service Association of America, New York, 1970

Goldstein, A. P. *Therapist - Patient Expectancies in Psychotherapy*. New York: Pergamon Press, 1962

Kahn and Cannell *The Dynamics of Interviewing*. New York: John Wiley, 1957

Knight, G. F. *Skills for the Sometimes Interviewer*. Personnel Journal (May) 45., 1966

Lindzey, Gardner (Ed.) *Handbook of Social Psychology, The Interview: A Tool of Social Science.* Cambridge, Massachusetts: Addison-Wesley Publishing Company, 1954

Maier, N. *The Appraisal Interview: Objectives, Methods, and Skills.* New York: John Wiley, 1963

Matarazzo, J. D. *The Interview. In B. B. Wolman, Ed., Handbook of Clinical Psychology.* New York: McGraw-Hill, 1965 Pg. 403 - 450

Richardson, S. A., Dohrenwind, B. S., and Kleen, D. *Interviewing, Its Forms and Functions.* New York: Basic Books, 1965

Perez, Joseph F. *The Initial Counseling Contract; Guidance Monograph Series.* Boston: Houghton Mifflin Company, 1968

Rogers, C. R. *Toward a Modern Approach to Values: The Valuing Process in the Mature Person. Journal of Abnormal and Social Psychology, 68: 160:167.* 1964

Steinkamp, J. *Some Characteristics of Effective Interviewers. Journal of Applied Psychology* (December), 50:487-492, 1966

Sullivan, H. S. *The Psychiatric Interview.* New York. Norton, 1954

Tyler, L. E. *The Initial Interview.* Personnel and Guidance Journal, Vol. 34, April, 1956, pp 466-477

Tyler, L. E. *The Work of the Counselor.* 2nd. Ed., New York: Appleton, Century-Crofts, Inc., 1961